

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2089AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/09/2008 |
| NAME OF PROVIDER OR SUPPLIER THE PLAZA AT SUN MOUNTAIN | | STREET ADDRESS, CITY, STATE, ZIP CODE 6031 WEST CHYENNE AVE LAS VEGAS, NV 89108 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and Complaint Investigations conducted in your facility on October 8-9, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 150 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, 50 Category I, and 100 Category II residents. The census at the time of the survey was 64. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed.</p> <p>Complaint #NV00015491 was substantiated with no deficiencies due to actions taken by the facility.</p> <p>Complaint #NV00015499 was not substantiated.</p> <p>Complaint #NV00018089 could not be substantiated.</p> <p>Complaint #NV00019018 was substantiated with deficiencies cited at Y850 and Y878.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> | Y 000 | | |
| Y 072 SS=D | <p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter</p> | Y 072 | | |

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 072 | Continued From page 1 medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 10/8/08, the facility failed to ensure 1 of 4 medication technicians had completed the required three hour medication management refresher training every three years. Findings include: Employee #11 completed medication management training on 6/19/04. The employee completed one hour of re-training 7/12/06 and one hour on 12/5/07. Severity: 2 Scope: 1 | Y 072 | | | |
| Y 103 SS=E | 449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to | Y 103 | | | |

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| Y 103 | <p>Continued From page 2</p> <p>chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record reviews on 10/8/08 and 10/09/08, the facility failed to ensure 7 of 15 employees met the requirements for tuberculosis (TB) testing (Employees #1, #2, #3, #5, #9, #11 and #12).</p> <p>Findings include:</p> <p>Employee #1 was hired on 5/12/06 and her last TB test was completed on 1/20/07. There was no evidence of an annual TB test in 2008.</p> <p>Employee #2 was hired on 8/10/99 and her last TB test was completed on 9/6/07. There was no evidence of an annual TB test in 2008.</p> <p>Employee #3 was hired on 6/21/04 and her last TB test was completed on 3/14/07. There was no evidence of an annual TB test in 2008.</p> <p>Employee #5 was hired on 8/4/08 and there was no evidence of a pre-employment physical in the file.</p> <p>Employee #9 was hired on 10/6/03 and there was no evidence of a pre-employment physical in the file.</p> <p>Employee #11 was hired on 7/26/04 and there was conflicting evidence of the employee's TB status in the file. The employee had a negative TB test on 1/13/07 but had a TB signs and symptoms screening for those who tested positive for TB completed on 1/18/08. The</p> | Y 103 | | | |

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| Y 103 | Continued From page 3 employee had TB screenings completed in 2004 and 2005 that indicated the employee had a chest x-ray in 2004, but there were no copies of the chest x-ray or evidence of a positive TB test in the employee's file. Employee #12 was hired on 8/13/08 and there was no evidence of a pre-employment physical in the file. Severity: 2 Scope: 2 | Y 103 | | | |
| Y 105 SS=E | 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 10/8/08, the facility failed to ensure 4 of 15 employees met the criminal background check requirements (Employees #5, #6, #11 and #13). Findings include: Employee #5 was hired on 8/4/08 and there were no copies of fingerprints in the file. Employee #6 was hired on 3/24/08 and fingerprints in the file were dated 3/25/08. There was no evidence of a completed background check in the file. | Y 105 | | | |

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| Y 105 | Continued From page 4 Employee #11 was hired on 7/26/04 and there were no copies of fingerprints or evidence of a completed background check in the file. Employee #13 was hired on 3/25/02. The employee's fingerprints were dated 3/25/02 and a background check was completed on 6/24/02. There was no evidence the employee completed a five year background check. Severity: 2 Scope: 2 | Y 105 | | | |
| Y 106 SS=E | 449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 10/8/08, the facility failed to ensure 5 of 15 caregivers had current certifications in first aid and cardiopulmonary resuscitation (Employees #2, #3, #6 and #10). Findings include: Employee #2's first aid and cardiopulmonary resuscitation (CPR) card expired in September of 2007. There was no evidence of re-certification in the file. | Y 106 | | | |

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| Y 106 | Continued From page 5 Employee #3 and #5's first aid and CPR cards expired in September of 2008. There was no evidence of re-certification in their files. Employee #6's CPR card expired in June of 2008. There was no evidence of re-certification in the file. Employee #10's first aid and CPR card expired in June 2007. There was no evidence of re-certification in the file. Severity: 2 Scope: 2 | Y 106 | | |
| Y 174 SS=E | 449.209(4)(a) Health and Sanitatio-Offensive odors NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors. This Regulation is not met as evidenced by: Based on observation and interview on 10/8/08 and 10/9/08, the facility failed to ensure all areas of the facility were kept free from offensive odors. Findings include: The facility had a large porch that spanned 3/4 the front width of the front of the facility. The west half of the porch was non-smoking and the east half was from smoking. Resident's accessed the porch from the lobby area through glass front doors that opened to the center of the porch. There was a pair of glass French doors at the east end of the smoking area that lead to a private dining room. A second pair of French | Y 174 | | |

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| Y 174 | Continued From page 6 doors lead out of the private dining room into the main dining hall. There was a strong presence of cigarette smoke from the smoking area in the lobby area, the private dining room and near the French doors in the dining hall. Residents waiting in the lobby area commented about the smell of the smoke. It was noted that during three observed meals in the dining hall, no residents sat at the tables near the private dining room. There was no exhaust or ventilation system provided at the front or exterior private dining room doors to prevent cigarette smoke from entering the building. Severity: 2 Scope: 2 | Y 174 | | |
| Y 175 SS=D | 449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 10/8/08, the facility failed to keep a laundry room used by residents free of hazards and failed to keep a hallway free from obstacles that impede the movement of residents. Findings include: A laundry room containing washers and dryers was provided for resident use on the first floor. One of the machines located in the north-east corner of the room had been partially dismantled leaving the top metal panel unsecured to the unit | Y 175 | | |

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| Y 175 | Continued From page 7 and the front metal panel leaning against the front of the unit. Parts from the machine were stacked under a folding counter across from the machine. The Maintenance Supervisor (MS) reported he had been working on the unit and needed parts to complete the repairs. There were no signs on or around the machine to alert residents that it was not operational and the metal panels were not secured to avoid resident injury. The MS was also alerted to a build up of lint on the walls, floor and backs of the dryers. Resident room #169 was at the end of a long T-shaped hallway. There were four resident rooms at the end of the hallway that made up the top of the "T". In the middle of this short "T" hallway, a sofa table and two upright chairs were placed against the wall. There were two resident rooms to the east of the table and chairs and two resident rooms to the west. Two electric wheelchairs were stored for charging near the two eastern rooms. The decorative table and east-side chair left very little room for the charging wheelchairs and created an obstacle to entering and exiting the rooms. During this observation, paramedics arrived to take the resident from room #169 to the hospital due to a fall. The wheelchair was taken into the resident's room for him to use to exit the facility. The east chair and table had to be moved for the paramedics to enter and exit the room. Severity: 2 Scope: 1 | Y 175 | | | |
| Y 430 SS=F | 449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal | Y 430 | | | |

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| Y 430 | <p>Continued From page 8</p> <p>pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 10/9/08, the facility failed to ensure all smoke barriers doors were operational.</p> <p>Findings include:</p> <p>Smoke barrier doors and corridor doors, especially to large rooms that can hold a large number of residents, provide a barrier to the movement of smoke throughout a facility during a fire. The doors are required to automatically close after being opened, or if held open, are required to have devices that would release the doors for automatic closure with activation of the fire alarm.</p> <p>The Maintenance Supervisor reported he tested the smoke barrier doors throughout the facility on a monthly basis. The following smoke barrier doors did not completely close when release from their magnetic hold devices:</p> <ul style="list-style-type: none"> - Doors located near resident room #106 - Doors located near resident room #124 - vertical closer bar not attached to bottom of the door - Doors located near resident room #161 - Doors located near resident room #187 - Doors located near resident room #230 - one door hitting the base of the other door. - Doors located near resident room #247 - closed too fast and rebound off the closer latch. - Doors located near resident room #252 - doors | Y 430 | | | |

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| Y 430 | Continued From page 9 hindered by raised level of the carpet. - Doors located near resident room #261 - seal peeling away from the doors - Doors located near resident room #273 - doors hindered by raised level of the carpet. The lobby side dining hall doors had electronic devices over the door frame inside the dining hall. The metal arms that connected the doors to the electric door hold devices had been removed from the doors. The bottom edges of the two large doors rubbed against the hall wood floor causing them to be wedged in the open position. In the event of a fire, the doors would have to be manually closed by staff. The auto-closer for the west door of the pair of dining hall doors leading from a hallway south of the dining hall was not working and the door handle was loose and hung pointing down toward the floor. Severity: 2 Scope: 3 | Y 430 | | | |
| Y 434 SS=D | 449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on interview and record review on 10/8/08, the facility failed to ensure fire drills were conducted for 2 of the last 12 months. | Y 434 | | | |

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| Y 434 | Continued From page 10 Findings include: The Maintenance Supervisor reported he did not conduct fire drills in July and August of 2008. Severity: 2 Scope: 1 | Y 434 | | |
| Y 444 SS=D | 449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation and interview on 10/9/08, the facility failed to ensure all smoke detectors were appropriately maintained. Findings include: The Maintenance Supervisor (MS) reported the smoke detectors in the corridors and main areas of the facility were wired into the fire alarm system, were self-diagnostic and were monitored electronically by an outside company. The MS reported he monitored the single-station (battery operated) smoke detectors that were in the resident rooms on a monthly basis and provided logs for the last 12 months. During the facility tour, smoke detector low-battery alerts (chirping) were heard outside of resident rooms #128 and #265. A caregiver working in the area of room #128 stated she had been wondering where the sound had been coming from. Both rooms were inspected with the MS and no residents were in the rooms. | Y 444 | | |

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| Y 444 | Continued From page 11 Resident room #128 was being remodeled and the resident from room #265 was in the hospital. Severity: 2 Scope 1 | Y 444 | | | |
| Y 450 SS=D | 449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on record review on 10/8/08, the facility failed to ensure 2 of 15 caregivers, within 30 days after being employed at the facility, were trained in first aid and cardiopulmonary resuscitation (CPR). Findings include: Employee #4, hired on 5/30/07, had no evidence of first aid and CPR training in the file. Employee #12, hired on 8/13/08, had no evidence of first aid training. | Y 450 | | | |

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| Y 450 | Continued From page 12 Severity: 2 Scope: 1 | Y 450 | | |
| Y 698 SS=E | 449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall. This Regulation is not met as evidenced by: Based on observation on 10/8/08, the facility failed to ensure oxygen tanks in 1 of 5 resident rooms were secured in a stand or to a wall. Findings include: Four oxygen cylinders were found to be unsecured in a stand in resident room #160. This is a repeat deficiency from the 6/28/08 annual State Licensure survey. Severity: 2 Scope: 2 | Y 698 | | |
| Y 850 SS=D | 449.274(1)(a) Medical Care of Resident | Y 850 | | |

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| Y 850 | <p>Continued From page 13</p> <p>NAC 449.274</p> <p>1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall:</p> <p>(a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/9/08, the facility did not ensure the guardian for 1 of 15 residents was informed when the resident had a change in a health condition.</p> <p>Findings include:</p> <p>Resident #10: Review of the record revealed that the last progress note was dated 6/08. Review of the medication administration record showed that the resident's medications were not given from 8/11/08 through 8/31/08 as the resident was sent to the hospital. Review of facility incident logs showed that Resident #10 was sent to the hospital on 8/11/08 for a fall. The record did not contain any documentation that the facility staff notified either the physician or the family of the fall.</p> <p>Severity: 2 Scope: 1</p> | Y 850 | | | |

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| Y 859 | Continued From page 14 | Y 859 | | | |
| Y 859 SS=F | <p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/9/08, the facility did not obtain the results of annual physical examinations of residents by their physician for 10 of 15 residents residing in the facility for longer than a year.</p> <p>Findings include:</p> <p>The files for Residents #4, #6, #9 and #14 did not contain the results of an annual physical examination for 2007.</p> <p>The files for Residents #3, #5, #8, #9, #11, #12, #13 and #14 did not contain the results of an annual physical examination for 2008.</p> <p>Severity: 2 Scope: 3</p> | Y 859 | | | |
| Y 870 SS=C | 449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration | Y 870 | | | |

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| Y 870 | <p>Continued From page 15</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/9/08, the facility did not ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 10 of 15 residents residing in the facility for longer than six months.</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 6/1/07. The only medication profile review available in the record was dated August of 2008.</p> <p>Resident #4 was admitted to the facility on 10/1/05. There was no medication profile review in the record.</p> <p>Resident #5 was admitted to the facility on 6/26/07. There was no medication profile review in the record.</p> | Y 870 | | |

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| Y 870 | Continued From page 16 Resident #6 was admitted to the facility on 5/3/06. The only medication profile review available in the record was dated July of 2008. Resident #8 was admitted to the facility on 8/10/07. The only medication profile review available in the record was dated July of 2008. Resident #9 was admitted to the facility on 11/23/04. The only medication profile review available in the record was dated July of 2008. Resident #10 was admitted to the facility on 6/1/07. There was no medication profile review in the record. Resident #12 was admitted to the facility on 11/1/98. The last medication profile review available in the record was dated January of 2007. Resident #13 was admitted to the facility on 9/19/07. The only medication profile review available in the record was dated July of 2008. Resident #14 was admitted to the facility on 7/7/06. The only medication profile review available in the record was dated March of 2008. Severity: 1 Scope: 3 | Y 870 | | | |
| Y 876 SS=C | 449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of | Y 876 | | | |

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| Y 876 | Continued From page 17 controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 10/9/08, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 6 of 15 residents (Residents #2, #3, #5, #6, #9, #10 and #14). Findings include: The files for Residents #2, #3, #6, #9 and #14 did not contain signed ultimate user agreements authorizing the facility to administer medications to the residents. The files for Residents #5 and #10 contained signed ultimate user agreements that indicated the residents would administer their own medications. A caregiver reported the facility administered the resident's medications and the facility was keeping medication administration records on the residents. This is a repeat deficiency from the annual State Licensure survey of 6/28/07. Severity: 1 Scope: 3 | Y 876 | | | |
| Y 878 SS=F | 449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by | Y 878 | | | |

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| Y 878 | <p>Continued From page 18</p> <p>the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on review of medication administration records (MAR), facility training materials and policies, and staff interviews on 10/9/08, the facility failed to ensure 10 of 15 residents in the sample and 6 residents in the extended sample had their medications available to be administered as prescribed by their physician (Residents #1, #2, #6, #7, #8, #9, #10, #11, #12, #13, #18, #19, #21, #22, #23, and #24).</p> <p>Findings include:</p> <p>Review of resident MARs revealed the following:</p> <p>Resident #1:</p> <ul style="list-style-type: none"> - Prilosec 20 mg, to be given two times a day, was documented by caregivers as not available to be given from 6/18/08 to 8/31/08. The physician was not notified until 7/20/08 by fax of the missed medications in June and the resident continued to go without the medications until the end of August 2008. - Hydrocortisone 2.5% ointment, to be applied three-four times a day, was documented by caregivers as not available on 7/31/08, 8/3/08, 8/7/08, 8/18/08, 8/26/08, 9/1/08 and 9/3/08. - Sarna Sensitive lotion was to be applied on the resident three times daily. Caregivers documented the lotion was not available on | Y 878 | | | |

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| Y 878 | <p>Continued From page 19</p> <p>7/31/08, 8/11/08, and 8/19-31/08. On 8/31/08, the physician sent another order instructing staff to use Sarna lotion. The physician's 8/31/08 order was not recorded in the resident's record or MAR until 9/24/08. From 9/24/08 to 9/30/08, caregivers recorded Sarna lotion as not available.</p> <p>Resident #2: - Promethazine with codeine, to be given four times daily for cough, was documented as not available from 6/9-16/08. - Combivent Inhaler, to be given four times daily for breathing, was documented as not available from 6/9-19/08.</p> <p>Resident #6: - Vitamin Complex, one daily, was documented as not available from 8/5-31/08. - Cortisone Cream, to be applied twice daily to skin problems, was documented as not available from 6/23-30/08.</p> <p>Resident #7: - Artificial Tears, twice a day for dry eyes, was documented as not available from 9/1-8/08.</p> <p>Resident #8: - Econazole Nitrate cream, an antifungal agent, was not applied twice a day from 9/1/08 to 10/8/08. It was documented as not available because the pharmacy was waiting for insurance approval. - Amergel wound ointment was not applied for wound healing from 9/1-11/08. It was documented as not available because insurance would not pay for it.</p> <p>Resident #9: - Lyrica 50 mg, one at bedtime for pain management. There was no record that the</p> | Y 878 | | | |

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| Y 878 | <p>Continued From page 20</p> <p>resident received the medication at all in June 2008 as the MAR was marked "need prior authorization."</p> <p>Resident #10:</p> <ul style="list-style-type: none"> - Detrol 4 mg, one time a day for improved urinary control, was documented as not available from 6/16-26/08. - Aricept 10 mg, to be given daily for memory improvement, was documented as not available from 5/25/08 to 6/4/08. - Flomax 0.4 mg, to be given daily to reduce prostate symptoms, was documented as not available from 5/26/08 to 6/14/08. - Zinc Sulfate 220 mg, one daily, was documented as not available from 5/21/08 - 6/11/08. - Folbic 2-2. 5-25 mg, a daily supplement, was documented as not available from 6/1-12/08. - Therapeutic vitamins, a daily supplement, were documented as not available from 6/1-8/08. - Lisinopril 4 mg, to be given daily for blood pressure control, was documented as not available from 6/1-12/08. <p>Resident #11:</p> <ul style="list-style-type: none"> - Vitamin C 1000 mg, a daily supplement, was not available from 9/18-19/08 - Aspirin 81 mg, a daily blood thinner, was documented as not available from 9/18-19/08, two days. <p>Resident #12:</p> <ul style="list-style-type: none"> - Brimonidine Tartrate eye drops, three dimes daily in both eyes for glaucoma, were documented as not available from 9/1-4/08. <p>Resident #13:</p> <ul style="list-style-type: none"> - Advair Disk, every 12 hours for improved breathing, was documented as not available | Y 878 | | | |

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| Y 878 | <p>Continued From page 21</p> <p>from 2/17-25/08 as it required prior authorization from the insurance company.</p> <ul style="list-style-type: none"> - Alprazolam 0.25 mg, twice daily for anxiety, was documented as not available from 3/20-28/08. There was no documented reason or explanation of the facility's efforts to resolve the delay. - Potassium Chloride 10 meq, a daily supplement, was documented as not available from 4/15-16/08 because the pharmacy said it was too soon to send the next cycle. <p>Resident #18:</p> <ul style="list-style-type: none"> - Aricept 10 mg, one time a day to slow memory loss, was documented as not available from 10/1-8/08 because the pharmacy was waiting for authorization from the resident's insurance. <p>Resident #19:</p> <ul style="list-style-type: none"> - Locoid Lipocream 0.1% was documented as not available from 10/1-8/08 because the pharmacy was waiting for authorization from the resident's insurance. <p>Resident #21:</p> <ul style="list-style-type: none"> - Aricept 10 mg, one time a day to slow memory loss, was documented as not available on 6/25/08, 6/28/08, 6/29/08, and from 7/4-13/08. - Namenda 10 mg, one time a day to slow memory loss, was documented as not available from 7/16-30/08 and 8/10-23/08 as it required prior authorization from the insurance company. <p>Resident #22:</p> <ul style="list-style-type: none"> - Verapamil SR 180 mg, one time a day for blood pressure control, was documented as not available on 9/1-2/08 as the pharmacy had not sent the refill. - Prilosec 20 mg, one time a day to reduce stomach acid, was documented as not available seven times in the month of September 2008. | Y 878 | | | |

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| Y 878 | <p>Continued From page 22</p> <p>Resident #23: - Hydrocortisone 1% cream, to be applied twice daily to skin problems, was documented as not available from 9/4-11/08.</p> <p>Resident #24: - Plavix 75 mg, one time a day to prevent clotting, was documented as not available from 9/3-5/08. - Calcium with Vitamin D, a daily supplement, was documented as not available from 9/15-18/08 and 9/21-24/08.</p> <p>There was no documentation that the facility followed their procedures to obtain the medications as ordered by following up with the pharmacy, working with the family, notifying the physician and administration about the delay.</p> <p>Review of the Medication Assistant training document provided by the administrator revealed the following: Under "Medication Not Available, "staff shall take the necessary steps to obtain the medication and properly notify as required." Procedure: 2. Fax and call the pharmacy about a plan to deliver the medication. 3. Alert the physician and ask for an order to hold the medication until it is available. 4. Notify the Administrator and community licensed nurse of the missed dose. 5. Circle your initials on the MAR for the dose that was missed. 6. On the MAR comment sheet, document that "medication is unavailable," describe the situation (what you have done, the plan for delivery, etc), and document notification of the MD. 7. Place the resident on alert charting for the condition related to the missed medication and indicate the expected time of delivery. 8. Repeat steps 2-6 each time a dose is missed.</p> | Y 878 | | |

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| Y 878 | Continued From page 23 Review of the facility's Medication Assistant Training under the Ordering /Reordering Medications revealed the following: Procedure 5. If pre-authorization is needed or when the Community's contracted pharmacy notifies that a medication is not covered by the resident's health plan, staff must act as follows: Notify the resident or representative that the medication is not covered. 6. Fax the physician and notify about the medication not given because pre-authorization is needed and tell the physician the medication will be given when available. The example of a fax is included giving the physician the option of holding the medication until available, discontinuing the medication, or replacing it with another medication. This is a repeat citation from the annual State Licensure survey of 6/27/07. Severity: 2 Scope: 3 | Y 878 | | | |
| Y 883 SS=C | 449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on review medication administration | Y 883 | | | |

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| Y 883 | <p>Continued From page 24</p> <p>records (MAR) and facility policies and procedures on 10/8-9/08, the facility failed to ensure the physician was notified within 12 hours after the dose was refused or missed for 10 of 15 residents in the sample and 6 residents in the extended sample.</p> <p>Findings include:</p> <p>See Tag 878.</p> <p>Review of resident medication administration records (MARs) for 2008 revealed Resident #1, #2, #6, #7, #8, #9, #10, #11, #12, #13, #18, #19, #21, #22, #23, and #24 missed doses of their medications because the medications were not available in the facility. There was no documentation that the facility followed their process to notify the physician when each of the doses were missed.</p> <p>Review of the Medication Assistant training document provided by the administrator revealed the following: Under "Medication Not Available," staff shall take the necessary steps to obtain the medication and properly notify as required." Procedure: 2. Fax and call the pharmacy about a plan to deliver the medication. 3. Alert the physician and ask for an order to hold the medication until it is available. 4. Notify the Administrator and community licensed nurse of the missed dose. 5. Circle your initials on the MAR for the dose that was missed. 6. On the MAR comment sheet, document that "medication is unavailable," describe the situation (what you have done, the plan for delivery, etc), and document notification of the MD. 8. Repeat steps 2-6 each time a dose is missed.</p> | Y 883 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2089AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/09/2008 |
| NAME OF PROVIDER OR SUPPLIER THE PLAZA AT SUN MOUNTAIN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 6031 WEST CHYENNE AVE LAS VEGAS, NV 89108 | | |
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| Y 883 | Continued From page 25 Review of the facility's Medication Assistant Training under the Ordering /Reordering Medications revealed the following: Procedure 6. Fax the physician and notify about the medication not given because pre-authorization is needed and tell the physician the medication will be given when available. The example of a fax is included giving the physician the option of holding the medication until available, discontinuing the medication, or replacing it with another medication. This is a repeat deficiency from the 6/28/07 annual State Licensure survey. Severity: 1 Scope: 3 | Y 883 | | | |
| Y 936 SS=F | 449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 10/9/08, the facility failed to ensure 10 of 16 residents met the requirements for tuberculosis (TB) skin testing | Y 936 | | | |

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| Y 936 | <p>Continued From page 26</p> <p>(Residents #3, #4, #5, #7, #8, #11, #12, #13, #14, and #15).</p> <p>Findings include:</p> <p>The files for Residents #3, #4, #5, #8, #11, #12 and #13 did not contain proof the residents received an annual one-step TB skin test for 2007 and/or 2008.</p> <p>Resident #7 - Date of admission 7/11/08. The resident's file did not contain documentation the resident completed the required two-step TB skin testing upon admission to the facility.</p> <p>Resident #14 - Date of admission 7/7/06. The file contained documentation the resident completed the required two-step TB skin testing in 2006. The file did not contain proof the resident received TB skin tests in 2007 or 2008.</p> <p>Resident #15 - The resident completed annual TB skin testing on 12/21/06 and 2/18/08. The file did not contain proof the resident received an annual one-step TB skin test for 2007. To comply with NAC 441A, the resident needs to complete an additional one-step TB skin test.</p> <p>This was a repeat deficiency from the 6/28/07 annual State Licensure survey.</p> <p>Severity: 2 Scope: 3</p> | Y 936 | | |

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